

Hawaii's Comprehensive Cancer Control Program

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In a typical week, nearly 100 Hawaii residents will learn that they have invasive cancer, a total of about 5,000 new cases each year. On average, 1,700 residents will die from cancer each year, second only to heart disease as a cause of death. These numbers are likely to rise, given the aging of our population. However, the good news is that over the past decade, cancer mortality rates in Hawaii and in the US as a whole have continued to decline.¹

Still, much more progress is possible, both in preventing cancer and extending the length and quality of cancer survivors' lives through a comprehensive cancer control process. According to the Centers for Disease Control (CDC), which has spearheaded national efforts in this area, "comprehensive cancer control (CCC) is an emerging model that integrates and coordinates a range of activities to maximize the impact of limited resources and achieve desired cancer prevention and control outcomes. A key component to the success of this approach is establishing partnerships between public and private sector stakeholders whose common mission is to reduce the burden of cancer."

To this end, the Hawaii Comprehensive Cancer Control Coalition was established, bringing together a diversity of individuals and organizations to create a coordinated plan to address cancer issues in our state. Coalition members include representatives from hospitals, health organizations, and health plans throughout the state, research and educational organizations, the state legislature, governmental agencies, and community organizations. Individuals include professional health care providers, researchers, and community members trained in numerous disciplines and – perhaps most importantly – many individuals who are themselves cancer survivors.

The theme of the Hawaii Cancer Plan is "No More Cancer," a vision shared by all members. Below, we summarize the Coalition's activities thus far, guiding principles, goals and priorities, current progress, and future prospects.

Coalition Activities

- *Between October 2002 and January 2003, more than 100 key leaders attended a series of four facilitated meetings sponsored by the American Cancer Society, the Cancer Research Center of Hawaii, and the Department of Health. The objective of these meetings was to develop a vision for comprehensive cancer control in Hawaii and to identify corresponding goals, challenges, and strategies. 99 strategies were identified, with 22 selected as priorities for the next 5 years. Eight strategies (discussed further below) were selected for implementation during 2004-2005.*

- *Quarterly meetings of the Coalition continue to discuss strategic progress and new developments in cancer prevention and control, and to involve additional members and organizations.*

- *The "Hawaii Cancer Plan 2004-2009" document was published and rolled out at a series of press conferences throughout the state in Fall 2004. This document is available from the Department of Health (see contact information) and will soon be available online.*

- *A team from Hawaii attended the first CCC Leadership Institute in December 2001 to foster planning for CCC efforts. In September 2004, 15 Coalition leaders attended the second CCC Leadership Institute. This was one of four regional Institutes held across the US, and Hawaii was one of 14 Western states in attendance. The aims of the Institute were to enhance the effectiveness of state Coalition activities by providing the attendees with training in areas such as developing innovative resources, building relationships and resources, advocacy, and evaluation.*

- *The Department of Health was successful in competing for a CDC CCC planning grant (2002-2003) and a CDC CCC implementation grant (2004-2009) to provide support for Coalition activities. Hawaii is one of 49 states, the District of Columbia, 5 tribes and tribal organizations, and 6 U.S. Associated Pacific Islands/territories that shares in CDC's approximately \$12 million in Congressional appropriations in fiscal year 2004 for this initiative.*

Guiding Principles

Coalition members identified certain principles that need to underlie comprehensive cancer control activities in Hawaii. These principles reflect considerations that are specific to cancer control issues in our state. The principles are:

- *Decision-making will be driven by the best available data.*
- *Data will be used to identify disparities in the cancer burden among Hawaii residents and plans will be made to reduce those disparities.*
- *Coordination and collaboration are essential to achieving the goals of the plan and assuring implementation. By working together, more can be done to reduce the cancer burden in Hawaii than could be accomplished if we only continued our individual efforts.*
- *Application of state-of-the-art knowledge, technology, and practices will be the foundation for all strategies and actions the plan promotes.*
- *Cancer and its impact on the people and population of Hawaii are social justice issues. We must diligently seek equal access for all people in Hawaii.*

- *Cultural competency by health professionals and health systems in Hawaii is a key ingredient in the success of this plan.*
- *The plan actively supports the recommendations and strategies found in other statewide plans that address cancer-related issues (e.g., the Statewide Tobacco Prevention and Control Plan, the Governor's Blue Ribbon Panel Report).*
- *Everyone in Hawaii will be touched at some time by cancer. Thus, cancer control is the responsibility of everyone in Hawaii – its institutions, organizations, individual citizens, families, businesses, and communities.*
- *The cancer plan will be a road map to reduce the cancer burden. Priorities will be set within the plan to act on the greatest needs and most achievable, realistic strategies and actions.*
- *More worthwhile and effective cancer efforts are currently underway in Hawaii and throughout the nation. The state cancer plan will identify existing efforts and strive not to duplicate those efforts, but rather, where appropriate, to build, enhance, and expand on them for the benefit of all citizens in Hawaii.*

Goals and Priorities

The eight priority "take action" strategies were derived from four more general goals which are pursued by groups we have named Action-Teams (or A-Teams). These are the foci of Coalition initiatives during the current year. The goals and strategies are as follow:

- *Prevention Goal: Prevent cancer from occurring, especially through education and behavior change strategies.*

Strategy 1: Establish mandatory physical education policies in all schools in Hawaii.

Strategy 2: Adopt, adapt, and implement provide behavior change interventions targeting increased consumption of fruits and vegetables.

Strategy 3: Engage in efforts to create norms that positively support smoke-free behavior.

Strategy 4: Implement "Health Foods" policies in schools.

- *Early Detection Goal: Detect cancer in its earliest stages and assure coordination with cancer management services.*

Strategy 5: Conduct patient and public education about the importance of cancer screening with the emphasis that screening saves lives

Strategy 6: Develop and conduct health care provider trainings on screening guidelines and the need to talk with patients about the guidelines.

- *Data/Surveillance Goal: Improve and maintain a high quality surveillance system on all aspects of cancer to assure informed decision-making.*

Strategy 7: Develop a process to share and disseminate information regarding uses of health data.

- *Cost/Insurance Goal: Address cost and payment coverage issues for cancer-related services.*

Strategy 8: Conduct a study to collect Hawaii-specific information on health care plan reimbursement, care in the uninsured and under-insured, cost barriers that limit care and access to care, and related issues.

Progress So Far

Funds recently became available through the CDC grant to support small-scale projects that further A-Team goals. A Request for Proposals was released, and each A-Team was given the opportunity to submit a proposal. The proposals are currently in review, but some important work is likely to emerge from this effort.

Examples of accomplishments by the A-Teams and other Coalition members include:

- *The signing of Memoranda of Understanding between several organizations that collect cancer-related data, resulting in increased sharing of data.*
- *The passage of HRS 321-45: Cancer Examinations. This bill highlights the need for the Health Department to work with other government agencies, health care providers, health insurers, and others to improve the overall rates of screening, early diagnosis, and treatment of cancer.*
- *The development of a Strategic Communications Plan to establish a HCCCP website, a video brochure (currently available from the Department of Health), video and radio public service announcements, and other efforts to facilitate communications within the Coalition and between the Coalition and the public.*
- *The development of a comprehensive Evaluation Plan, to determine how well the Coalition is meeting its goals.*

Future Plans

This Plan is merely the beginning. As science and practical experience grow, new challenges, innovative tools, and more effective strategies will emerge based on the changing needs of our states' residents. The Hawaii Comprehensive Cancer Control Plan is intended to be a living, dynamic road map used by organizations, communities, and individuals to create, implement, and sustain activities to reduce Hawaii's cancer burden. Clearly, with 99 priorities identified, there is much work remaining.

We invite all readers to join us in our ongoing efforts to further reduce the impact of cancer in Hawaii.

For further assistance contact the Hawaii Comprehensive Cancer Control Program at (808) 692-7480; hcccp@mail.health.state.hi.us.

For more information on the Cancer Research Center of Hawaii, please visit www.crch.org.

References

1. *Hawaii Cancer Facts & Figures 2003-2004*. Honolulu: American Cancer Society, Hawaii-Pacific Inc., 2003.
2. *Hawaii Cancer Plan 2004-2009*. Honolulu: Hawaii State Department of Health, 2004.

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